

Name: \_\_\_\_\_  
(Last) (First) (MI) (Last 4 Digits of Social Security No.)

\_\_\_\_\_  
 (City) (State) (Zip)

| (Building) | (Room Number) | (Phone Number) |
|------------|---------------|----------------|
|------------|---------------|----------------|

**MODE OF TRANSPORTATION CURRENTLY USED FOR COMMUTING:**

**EMPLOYEE CERTIFICATION:** I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF TRANSPORTATION AND AM NOT NAMED ON A WORKSITE PARKING PERMIT WITH DOT OR ANY OTHER FEDERAL AGENCY. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION FARE BENEFIT, WILL BE USING IT FOR MY DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING DOES NOT EXCEED MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20 DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION).

(Applicant Signature)

(Date)

### Accounting Classification:

□ □ / □ □ □ □ / □ □ □ □ / □ □ □ □ / □ □ □ □ / □ □ □ □ / □ □ □ □

**Approved for**

### Availability of Funds:

(Not to exceed \$60.00 per month)

| <u>(Operating Administration)</u> | <u>(Transit Provider(s))</u> | <u>\$ (Monthly Cost)</u> | <u>\$ (Annualized Cost)</u> |
|-----------------------------------|------------------------------|--------------------------|-----------------------------|
|                                   |                              |                          |                             |

\_\_\_\_\_  
*(Signature of Approving Official)*      \_\_\_\_\_  
*(Printed Name of Approving Official)*      \_\_\_\_\_  
*(Building & Room Number)*      \_\_\_\_\_  
*(Routing Symbol)*

**Servicing Accounting Office:**

(Routing Symbol)

(Building & Room Number)

**TRANSIT BENEFIT OFFICE ACTION:**

**Approved:**

(Signature)

(Printed Name)

(Date)

**Disapproved:**

(Signature)

(Printed Name)

(Date)

[illegible]

(City) (State) (Zip)

(Building) (Room Number) (Phone Number)

☐ Drive Alone      ☐ Transit (Rail)      ☐ Commuter (Rail)      ☐ Other \_\_\_\_\_  
☐ Carpool/Vanpool      ☐ Transit (Bus)      ☐ Commuter (Bus)

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

**Privacy Act Statement:** This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with DOT or any other Federal agency.

□ □ / □ □ □ □ □ / □ □ □ □ / □ □ □ □ / □ □ □ □ □ / □ □ □ □ □ / □ □ □ □ □

| <u>(Operating Administration)</u> | <u>(Transit Provider(s))</u> | <u>\$ (Monthly Cost)</u> | <u>\$ (Annualized Cost)</u> |
|-----------------------------------|------------------------------|--------------------------|-----------------------------|
|                                   |                              |                          |                             |

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*(Printed Name of Approving Official)*      \_\_\_\_\_  
*(Building & Room Number)*      \_\_\_\_\_  
*(Routing Symbol)*

(Routing Symbol) (Building & Room Number)

---

(Signature)
(Printed Name)
(Date)

\_\_\_\_\_  
 (Signature) (Printed Name) (Date)

Name: \_\_\_\_\_  
(Last) (First) (MI) (Last 4 Digits of Social Security No.)

Home Address: \_\_\_\_\_  
(Number/Street)

\_\_\_\_\_  
 (City) (State) (Zip)

**Work Address:** \_\_\_\_\_  
                                 *(Agency) \**                                 *(Routing Symbol)*                                 *(Grade/Rank)*

[illegible]

**MODE OF TRANSPORTATION CURRENTLY USED FOR COMMUTING:**

☐ Drive Alone      ☐ Transit (Rail)      ☐ Commuter (Rail)      ☐ Other \_\_\_\_\_  
☐ Carpool/Vanpool      ☐ Transit (Bus)      ☐ Commuter (Bus)

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### Accounting Classification:

☐ ☒ / ☐ ☐ ☐ ☐ ☐ / ☐ ☐ ☐ / ☐ ☐ ☐ / ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ / ☐ ☐ ☐ ☐ ☐ ☐

**Approved for  
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(Not to exceed \$60.00 per month)

| <u>(Operating Administration)</u> | <u>(Transit Provider(s))</u> | <u>\$ (Monthly Cost)</u> | <u>\$ (Annualized Cost)</u> |
|-----------------------------------|------------------------------|--------------------------|-----------------------------|
|                                   |                              |                          |                             |

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*(Signature of Approving Official)*      \_\_\_\_\_  
*(Printed Name of Approving Official)*      \_\_\_\_\_  
*(Building & Room Number)*      \_\_\_\_\_  
*(Routing Symbol)*

**Servicing Accounting Office:**

(Routing Symbol) (Building & Room Number)

**TRANSIT BENEFIT OFFICE ACTION:**

**Approved:**

(Signature) (Printed Name) (Date)

**Disapproved:**

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

Name: \_\_\_\_\_  
(Last) (First) (MI) (Last 4 Digits of Social Security No.)

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[illegible]

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|-----------------------------------|------------------------------|--------------------------|-----------------------------|
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(Routing Symbol) (Building & Room Number)

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**Approved:**

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(Signature) (Printed Name) (Date)